



**TENNESSEE DEPARTMENT OF REVENUE  
LICENSED DISTRIBUTOR REPORT  
ON SALES BY NON-PARTICIPATING MANUFACTURERS  
(INSTRUCTIONS ON REVERSE SIDE)**

Please complete this in full and mail to:  
TENNESSEE DEPARTMENT OF REVENUE  
ANDREW JACKSON STATE OFFICE BUILDING  
P.O. BOX 190590  
NASHVILLE, TN 37219

Reporting Period: \_\_\_\_\_

Please provide the following information with respect to cigarettes (including "roll-your-own") that were made by a Non-Participating Manufacturer (NPM) and that were stamped for sale within this state.

Your Business Name and Address: \_\_\_\_\_

Your Tobacco Wholesale Account No: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

No. Cigarettes Sold In TN	Ozs. Roll-Your-Own Tobacco Sold In TN	Brand Name	Non-Participating Manufacturer Name and Address	Name and Address of the Person(s) From Whom Each Brand Was Purchased	Name and Address of the First Importer of Foreign Manufactured Brands

\*Do not include roll-your-own tobacco sold in this column.

I certify that the above-stated information is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date